

PHILADELPHIA MEDICAL TIMES.

SATURDAY, SEPTEMBER 13, 1873.

ORIGINAL LECTURES.

A LECTURE

ON CHRONIC CERVICAL METRITIS.

USE OF THE ACTUAL CAUTERY.

BY F. H. GETCHELL, M.D.,

Clinical Lecturer on the Diseases of Women and Children in the Jefferson Medical College.

AMONG the most obstinate cases met with by the gynecologist are those of chronic inflammation of the parenchyma of the neck of the uterus. This condition occurs oftenest among women who have given birth to children, and parturition and abortion are no doubt the most frequent causes. The disease may exist for some time without giving rise to much pain or uneasiness, but in cases of long standing the discomfort is generally very great. You will find the patient will complain of constant pain in the lumbo-sacral region of a dull, aching character, accompanied by a dragging sensation in the loins, and in many cases by a sharp pain in the region of the left ovary. The increased weight of the uterus always causes more or less prolapsus, and these patients will often tell you that they feel as though "every thing inside them was falling away." The prominent sympathetic symptoms are indigestion and all its accompanying annoyances, such as loss of appetite, nausea, constipation, and flatulence, often causing a semi-tympanitic condition of the abdomen that vexes the patient exceedingly. You will find it a very common thing for these patients to complain that they have not a dress they can wear, on account of the puffing up that is sure to come on a short time after eating. Headache is a very constant symptom; and, while the cephalalgia may exist in any part of the head, it is said by some authors to be located so generally at the top that pain at the summit of the head is by them considered pathognomonic of inflammatory disease of the cervix uteri. I have not found this to be the case; but, while I have found headache to be a very constant symptom of cervical metritis, in a majority of the cases it has been located in the frontal region, and not at the top of the head. You will find that most of these patients are very despondent and low-spirited, and in cases of long standing, particularly if they have been under treatment for some time without benefit, you will often find it very difficult to convince them that there is any hope of improvement. It is a remarkable fact that the mental depression experienced by the patient is often in striking contrast with her general appearance. It is no uncommon thing to see one of these patients presenting the appearance of perfect health, and to learn from her that life is a positive burden, and nothing depresses her more than want of sympathy on the part of her friends, accompanied with insinuations that her troubles are imaginary. This fact should always be borne in mind; and because the patient is fleshy,

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and to all appearance healthy, you must not decide that she complains without cause, till you have made a thorough investigation of the case.

The diagnosis of chronic cervical metritis is not attended with difficulty, and it is chiefly by the touch that you will ascertain whether the case is one of chronic inflammation of the uterine neck. You have no use for the speculum until you have made a thorough digital examination: the speculum is a therapeutic instrument, and is not to be compared with the educated finger as an aid to the diagnosis of uterine diseases. On introducing the finger within the vagina, you will find the uterus low down in the pelvic cavity, the cervix very much enlarged, in some cases to the size of a woman's fist. On pressing the finger firmly against the neck of the uterus, you will find it to be very hard; so firmly condensed is the tissue that all the elasticity of the healthy organ has gone, and we have hypertrophy and induration of the entire cervix instead. The os is generally patulous, and will often admit the end of the finger; but this is not always the case, for you will sometimes find the cervix enormously hypertrophied and the os will barely admit the uterine sound. By bi-manual palpation and the measurement of the cavity with the sound you will be able to diagnose the case from one of general metritis; and you will not confound a case of chronic cervical metritis with one of simple congestion if you remember that in the one case we have the cervical parenchyma injected with blood and communicating a soft elastic cushiony feel, softer than in the normal condition of the uterus, while if the enlargement be due to chronic inflammation we have an increased growth of the connective tissue, which exists in much larger quantity in the cervix than in the body of the uterus, together with an effusion of plastic lymph, which renders the cervix so dense and firm that you will at once recognize the existing condition as one of hypertrophy and induration.

In many cases the epithelium is gone in spots or patches, and there is hypertrophy of the villi. A variety of names are given to this condition of things, but the only point that I wish you to remember in this connection is that these ulcers, if we may call them such, are caused by the inflammation, and are not the cause of it: the treatment is the same whether they exist or not. In some cases we have profuse leucorrhœal discharge, in others none at all: this depends upon the extent to which the cervical mucous membrane is involved in the inflammatory action.

In regard to the treatment, as I have said before, these cases are often very obstinate, and many of them go the rounds, and months and years go by and the lumbo-sacral back-ache is always there. Still, notwithstanding this discouraging picture, I believe if the patient is willing to follow your directions, and is content to wait a reasonable time for results, you will be able to reduce the most densely hypertrophied cervix to a healthy condition. If the case has been under treatment before you are called to the patient, the chances are that she has had solid

nitrate of silver applied once a week for a longer or shorter time; it matters not which, for the hypertrophied and indurated cervix may be touched with nitrate of silver every week till doomsday without reducing its size. In order to substitute a healthy reparative inflammation for an unhealthy, unmanageable condition, you must cauterize; and nitrate of silver is not a cautery: it acts in these cases as little more than an astringent; the most it does is to cause a slight shedding of the epithelium. You do not apply the powerful cautery to reduce the size of the uterine neck by destruction of the tissue by burning it away, but you apply it to set up a subacute inflammation, under the influence of which the induration and hypertrophy will subside and the uterine structure resume its healthy elasticity. The strong caustics most frequently used in these cases are the acid nitrate of mercury, potassa cum calce, potassa caustica, and the actual cautery. As the last is the only one I ever use, I will describe the manner in which I use it, without further reference to the others. The idea of the actual cautery is always alarming to the patient, and may be said to remind us of the mediæval tortures; and if we were obliged to use live coals, bellows, and red-hot irons, I fear we should get few women to submit to the treatment; but by the use of these little sticks of charcoal, that I show you here, you are able to do away with all that is alarming about the actual cautery, and to apply it to the uterus without informing the patient what kind of an application you are about to make. These little sticks are made of nitrate of potash, charcoal, and pulverized acacia, in the following proportions:

R Potass. nitrat., gr. xx;
Carbo ligni, ʒvij;
Pulv. acaciæ, ʒj;
Aque, q. s. M.

This paste is formed into sticks; the most convenient size I have found to be about two inches long and about as large around as the little finger: the ends of the sticks may be rounded to a point; after being allowed to dry they are ready for use. If you hold the end of one of these sticks in the gas-flame for a moment, you will convert from half to three-quarters of an inch of it into a live coal: this you can do in another room, thereby avoiding the display of combustion before the patient. When once the end of the stick is thoroughly ignited you can put it down until you are ready to use it, without any fear of its going out, for it will continue to burn until the entire stick is consumed, which will require for a stick two inches long from fifteen minutes to half an hour. The patient being placed in a proper position, you introduce the speculum, which must be a conical one, and may be made of wood, ivory, or block tin; and I have often used the ordinary glass speculum. There is not heat enough from the caustic to do any harm if a glass one is employed; but the wooden one that I here show you is the one I prefer. Having introduced the speculum and wiped the cervix dry, you take the caustic in the forceps and apply it, about four or five lines from the os, to the lip that is most hypertrophied

(for in some of these cases one lip of the cervix will be three or four times the size of the other). Now, if you make slight pressure for a few seconds, you will destroy the tissue over a space of about the size of a three-cent piece and for about two lines in depth. The pain is very slight,—but little if any more than that caused by the application of nitrate of silver. On withdrawing the cautery I sponge the parts with cold water. I then introduce a pledget of cotton saturated with glycerin, and direct the patient to remain in bed for the next forty-eight hours, and to keep her room, reclining on the lounge for the greater part of the time, for three days more. At the end of the first twenty-four hours you may remove the pledget of cotton by pulling upon the thread, and then inject the vagina with cold water; this may be done every day, until the slough comes off, which is generally in from five to eight days. I then paint the cervix every fourth day with the following:

R Potass. iodidi, ʒss;
Iodinii, ʒiv;
Glycerinæ, ʒj. M.

The actual cautery may be applied with advantage once every month, and the best time is from five to ten days after the cessation of the monthly discharge. If you have the full co-operation of the patient, you will be able to reduce the most densely hypertrophied cervix in from three to five applications. In regard to danger from the use of the actual cautery, of course it would be very easy for a bungler to do harm with it, and great care should always be exercised in the use of any caustic: so far, I have never had any difficulty with it, and I have been using it for several years, and believe it to be more manageable and less likely to do harm than the potassa fusa that is so often used in these cases. I wish you to understand that I only recommend you to use the actual cautery in those cases in which the parenchyma of the cervix is the seat of hypertrophy and induration intractable to agents of less power.

ORIGINAL COMMUNICATIONS.

TWO CASES OF CIRCUMCISION.

BY W. H. WINSLOW, M.D.

A HEALTHY, robust man, æt. 27 years, a cooper by occupation, unmarried, who said he had never been sick in his life, and who had passed through the battles of the Wilderness unscathed, applied for relief from a very much contracted preputial orifice. He stated that he could always retract the prepuce behind the corona glandis perfectly, until recently; that he had never had any disease about the penis, and that the foreskin had been gradually contracting since six weeks before, when he had noticed, after a night of sexual indulgence, that the margin was chafed, fissured, and swollen. This condition had increased in severity. There was a rough, scaly, cicatricial appearance of the foreskin, and it was thickened by subcutaneous

deposits of fibrin. The fissures were widened here and there, forming small ulcers, which were very tender and painful and discharged sanious pus.

There was a slight offensive puriform discharge from the interior, indicating retained secretions and balanitis, and the foreskin was so much contracted and puckered that a probe of one-eighth inch diameter only could be introduced. The foreskin above was thin and flaccid, and when urination took place it became bulbous, owing to the quicker ingress from the true meatus than egress from the narrowed orifice. This caused pain along the urinary tract; and he complained of distressing priapism whenever he was in the society of women.

There were no signs of herpetic eruption. The inguinal and other glands were normal, and no symptoms of specific taint could be elicited. I was at a loss to determine whether his condition was due to psoriasis, which it somewhat simulated, or to an inflammation produced by the primary lesions and kept up by the unhealthy discharges and the irritation engendered by the nature of his daily labor.

The phimosis called for an operation, and I therefore removed an oblique ring of the diseased foreskin, attached the mucous membrane to the derma along the edges by sutures, and controlled the rather free hemorrhage by ice. The under side of the corona was covered by the mucous membrane one-eighth of an inch anterior to the edge, partially obliterating the frænum,—probably from balanitis; but its edge and depression behind were in normal relation upon the dorsal aspect. Recovery was rapid and satisfactory.

Another young, healthy man, æt. 23 years, applied for treatment of a gonorrhœa which he had contracted three months previously, for which he had been treated unsuccessfully by several physicians, though he had taken medicines *ad nauseam*.

Upon examination, there was found an extreme degree of phimosis, which the patient said had been present since he could remember anything, and which was proved congenital by the subsequent operation. The opening in the foreskin would only admit the smallest probe, and considerable manipulation was necessary to introduce it, as the redundant skin made an indirect oblique valvular aperture.

The prepuce was adherent to the glans, except for a space of about one-fourth of an inch in diameter, just around the meatus urinarius, and upon squeezing the organ there was a copious puriform discharge. Urination was tedious and painful, and he said he suffered much from supra-pubic distress in damp weather, from which some degree of retention was evident. Occasionally he would have a heavy aching feeling in the lumbar and sacral regions, with fornication along the calves of the legs, and a peculiar lightness of the heels. He stated that at such times it seemed as if his feet would fly upwards and backwards when he walked. At times, when he got much excited, this peculiar pain would occur, and pass away some time after the emotion, leaving him nervous and irritable. It was very evident that he suffered from spinal irritation and paroxysmal congestion, which ultimately might lead to paralysis and other evils. It was also evident that

the failure to cure his clap had resulted from the malformation of the penis, which required operation.

A perpendicular incision was made through the foreskin, and each flap dissected around and backwards along the glans; but so dense and firm was the attachment that it was difficult to find the true limits of the tissues, and the glans was nicked and bled freely in several places.

The patient, having refused an anæsthetic, fainted when the dissection had reached the edge of the corona; and upon recovery it was deemed best to postpone any further dissection backwards. A portion of each flap was removed, leaving the foreskin with a clean circular margin around the glans; and, as there was no mucous membrane to attach to the border of the cutis, and the latter had retracted to the corona, it was dressed with cotton and Goulard's extract diluted, and the patient walked cheerfully home.

The next day, expecting to find a furious inflammation, I was somewhat astonished, upon calling at his boarding-house, to be directed half a square away, where it was found he was visiting his *fiancée*. The parts healed kindly, and in ten days treatment was begun for the gonorrhœa, from which he soon recovered with a very respectable-looking penis, the foreskin making a smooth surface from the edge of the corona posterior.

The spinal affection disappeared after a few weeks, under the use of the bromides and small doses of fluid extract of ergot; and eight weeks after the operation, upon picking up the *Ledger*, I had the gratification of seeing his marriage-notice; but my apples were partly ashes, from the fact that I was minus a portion of my fee.

743 SOUTH TWENTIETH STREET.

NOTES OF HOSPITAL PRACTICE.

PHILADELPHIA HOSPITAL.

SERVICE OF DR. F. F. MAURY.

Reported by Dr. J. WM. WHITE, Resident Physician.

FOUR CASES OF EXCISION OF THE HIP-JOINT.

CASE I.—L. T., æt. 9½, was admitted to the Children's Asylum of the Philadelphia Hospital in the spring of 1869, suffering from ordinary coxalgia, with severe pain in the knee of the affected side. She was at first confined to her bed, lying with her leg drawn up, the knee thrown outward, and the foot in contact with the buttock; but she subsequently improved so that she was able to walk with a crutch, the thigh being flexed on the pelvis, and the foot abducted and everted.

In June a tumor appeared on the outer side of the thigh, about five inches below the anterior superior spinous process of the ilium. In July there was distinct fluctuation, the right buttock was atrophied, and the gluteal crease displaced; the thigh of the diseased side and the back could not be made to rest upon the same plane. In August the abscess opened and discharged its contents. Davis's apparatus was applied, and the child was enabled to walk about with some ease and comfort for several months; but in January, 1870, the formation of a second abscess on the side of the thigh was attended with much emaciation, debility, and

marked anæmia. A bursal inflammation over the left elbow, followed by extensive suppuration, also aided in weakening and depressing her, and her general condition steadily deteriorated until November, when she was seen and examined by Dr. Maury. Both abscesses had left sinuses, into the outer of which a probe passed upward, outward, and slightly backward for four and a half inches came in contact with dead and eroded bone. A similar result was obtained by probing from the anterior and inner aspect of the thigh. Distinct crepitus was both heard and felt when the limb was moved, the great trochanter was displaced upward so that its superior margin was almost in contact with the ilium, and the thigh was much atrophied, its circumference at the middle being only eight inches, while that of the sound limb at a corresponding point was eleven inches. There were, however, considerable thickening and induration about the hip.

Iron and quinine were administered; she was placed on a generous and nutritious diet, and on December 10 Dr. Maury excised the hip-joint, in the presence of Drs. Allen, Pancoast, Brinton, Ashhurst, Packard, Freeman, Townsend, the resident staff of the hospital, and a large clinical class.

Operation.—The child having been brought under the influence of chloroform and placed upon her left side, a double-S-shaped incision, eight inches in length, was made through the skin and subcutaneous tissue on the outer side of the joint, commencing near the upper margin of the dislocated trochanter major, and extending downward. A second incision down to the joint laid open the capsular ligament; the limb was strongly adducted, and drawn upward, and the head of the femur, rendered prominent by these means, was then taken off by cutting through the bone with a chain-saw just below the great trochanter. The outer surface of the femur, the trochanter minor, and the entire acetabulum, being carious, were removed in the same manner, leaving quite a large orifice in the pelvic wall. Only about eight ounces of blood were lost, and no vessels were tied. An hour later a tent of picked lint saturated with sweet oil was inserted into the wound, which was closed with six silk sutures, and a silicate-of-soda dressing was applied, leaving the projecting tent and the dependent angles of the incision uncovered so as to allow free drainage.

A quarter of a grain of morphia and half an ounce of brandy were given at once, and hourly doses of a tablespoonful of beef-tea with a teaspoonful of brandy were prescribed. In the afternoon her pulse varied from 130 to 140, her skin was moist and warm, and there was slight oozing of bloody serum from the wound. During the night a little hemorrhage occurred, but was promptly checked by the application of ice.

December 11.—Pulse 152; skin hot, but moist; child lay with the leg flexed on the thigh, and the thigh on the abdomen, seeming to be more comfortable in this position than in any other. There was still some serous oozing from the wound, at one extremity of which a slight blush had appeared. The buttock was painted with an ointment of oxide of zinc, and a fever mixture of sweet spirit of nitre and acetate of ammonia was ordered. In the evening a sixth of a grain of morphia was given.

December 12.—Pulse 148; temperature somewhat lower; the silicate-of-soda bandage was removed, and the wound found to be in a healthy condition. There was at this time considerable distention of the abdomen, with hypogastric pain and tenderness, but emptying the bladder gave immediate relief.

December 13.—Pulse 152, and irregular; suppuration had commenced, and the wound was not offensive, but the pus was drab-colored, thin, and scrofulous. She was still taking brandy, beef-tea, and milk in large

quantities, and in addition a mixture containing quinia and the muriated tincture of iron.

December 15.—Pulse 140; wound suppurating freely, about one inch having united by first intention; the dressing was renewed for the first time since the operation, and in the evening the bowels were opened, also for the first time. She continued to take a sixth of a grain of morphia at night, and rested tolerably well.

December 18.—Pulse 128; skin warm and moist, and free passage from the bowels; general condition excellent. The pus escaping from the wound had now become thicker and more creamy, and was very abundant.

On December 23 she was able to extend her limb unaided and without pain, and from this time progressed steadily towards recovery. In twelve weeks she was walking about with the aid of crutches, and was enjoying excellent and almost vigorous health. The shortening which remained permanently was only two and a half inches.

Case II.—G. K., æt. 9, born in Maryland, was admitted to the Children's Asylum of the Philadelphia Hospital in March, 1871. His father died of phthisis pulmonalis, but his mother and several brothers and sisters were all living and healthy. Two years previously he had had a severe attack of malarial fever, followed by a gradually increasing stiffness of his joints, which finally obliged him to use crutches. At the time of his admission he was much emaciated, had no appetite, walked with great trouble, and was suffering from an otorrhœa; general appearance decidedly strumous. There was a profuse discharge from a sinus situated in the left hip-joint just below the great trochanter. He improved under treatment until October, when he had an attack of remittent fever; he was placed upon quinia, lacto-phosphate of lime, and cod-liver oil, and soon grew better.

On November 22, Dr. Maury brought him into his clinic in the presence of the attending surgeons and resident staff of the hospital, and a full class. He was then able to walk about the room with crutches; the heel of the left foot was drawn up, the toes alone touching the ground, and the knee was strongly adducted, almost in contact with the sound thigh. The shortening was two and a half inches. There were three sinuses about the joint, one lying over the trochanter major, still discharging and leading to dead bone, another over the sacrum, and a third, anterior and quite patulous, the probe passing in its entire length, in the direction of the acetabulum.

Operation.—The patient having been completely anesthetized with chloroform, Dr. Maury made an S-shaped incision immediately over the joint and extending through two of the sinuses. The limb was forcibly adducted, the head of the femur freed from its attachments to the dorsum of the ilium, and removed by means of a chain-saw; a second piece was taken from the shaft of the bone, the whole portion excised measuring four inches and three-quarters. The endeavor was made to save as much periosteum as possible; but all except a small portion was so markedly diseased that it would have hindered rather than aided the reparative process. There was little or no hemorrhage, and no ligatures were required.

The wound was closed by five interrupted sutures, and dressed with adhesive strips; brandy and morphia were given as soon as the effects of the anæsthetic disappeared, and a febrifuge mixture was prescribed. He was allowed to assume any position he desired, no restraint whatever being put upon his movements.

November 26.—The limb was straightened and placed between sand-bags, the operation causing considerable pain. A solution of permanganate of potassa was ordered as a wash for the wound, which was looking healthy.

November 28.—No fever; very little pain; appetite good; bowels opened naturally. Suppuration was taking place, and there was a free discharge of laudable pus from the wound.

December 2.—The boy was anæsthetized, and extension was applied to the limb by means of adhesive strips. This was continued until the middle of January, when it was removed, and the leg was allowed to lie between sand-bags. Recovery was somewhat retarded by the formation of an abscess on the inner side of the thigh, but by the end of March the patient could flex and extend the limb without any difficulty. The general condition was much ameliorated after the operation, and remained excellent until he was able to walk around with crutches, and the cure was complete. The shortening in this case was about three inches.

(To be concluded.)

PHILADELPHIA HOSPITAL.

CLINICAL SERVICE OF DR. H. C. WOOD, JR.

Reported by JOHN M. KEATING, M.D., Resident Physician.

STHENIC PNEUMONIA—ITS TREATMENT.

A. D., æt. 39, was admitted to the hospital on Saturday, August 30. She stated that after exposure to wet she was seized four days previously with a severe pain under the left breast, which interfered much with breathing. This stitch continued for two or three days, during which time she was not confined to her bed, and was then felt in the same position on the right side. When admitted on Saturday her temperature was 103°: her pulse, full, strong, compressible, was beating 120; respirations 34. She complained much of the difficulty in breathing, and the pain in the right side. Over six ounces of blood were ordered to be taken by cut cups from the posterior lower portion of her lung, warm poultices to be placed over her whole chest and changed frequently, and the following mixture was given her, a dessertspoonful every two hours:

R Tinct. veratri viridis, ℥xx;
Liq. ammon. acetat., f ʒij;
Spts. etheris nitrosi, f ʒj;
Liq. potass. citratis, f ʒij.

The veratrum viride was added to the mixture as it was not thought advisable to allow the nurses to administer it separately. When seen by Dr. Wood on Monday, there was dulness on the right side, with fine moist râles; on the left side there was blowing respiration, with fine crackling râles. The doctor stated that he brought her before the class to-day to speak more at length upon the treatment of this disease than upon its symptoms. "It must be understood that pneumonia does not always present the same phases; that whilst the pathologist is justified in calling all cases which offer certain anatomical changes pneumonia, to the therapist they are very diverse,—in a word, that pathological unity and therapeutic diversity often go hand in hand.

"The present case is apparently of that variety known as acute sthenic pneumonia: the ordinary pneumonia of young and robust subjects, characterized by its sudden onset after exposure, its sudden rise of temperature, which in a few hours may reach 103° or 104°, its headache, flushed face, strong, hard pulse, and hurried respiration. In it, after a time, sudden apparent convalescence occurs: a sudden fall of temperature, amounting may be to five degrees, on the third, or sometimes on the ninth or twelfth, day. In the present case some of the elements for diagnosis are wanting, as the history is rather imperfect; none of it can be relied upon, and the patient was not seen until the fourth or fifth day. It is,

therefore, difficult to say whether there will or will not be a distinct crisis; but I believe there will be. Sometimes, especially in patients broken down by poverty or dissipation, such as we see so many of in this house, there is a gradual defervescence, and the pneumonia becomes chronic. When the temperature falls, you have left the consolidated portions of the lung, and nature proceeds to relieve this gradually by converting the fibrin into soluble mucin, some of which is coughed up and the rest absorbed to allow the lung to resume its normal condition. In most instances of frank pneumonia there is a tendency to recover, and rest alone will often be all that is needed.

"In the majority of cases, then, of sthenic pneumonia, medical interference is not necessary for cure, although probably always if properly directed it will shorten the period of sickness. The question at once comes up, Can you arrest the disease? Personally I have no doubt that although pneumonia is a cyclical affection, it differs from the fevers in that if taken in the onset it may be sometimes stopped. I believe this because I have seen free bleeding do it. In many cases, however, venesection will fail of the desired end, and it may do fatal injury if it does not stop the disease, by leaving the patient unfit to bear the exhausting processes of recovery. Bleeding, therefore, for the purpose of arresting pneumonia is accompanied by too much risk.

"The old classic treatment was to bleed, give antimony, and blister. We can now replace the bleeding and antimony by veratrum viride or aconite, both of which reduce at once the force and frequency of the pulse and lower the temperature; but veratrum viride is safer and more controllable than aconite, and if by chance your patient should get an over-dose its ill effects are much more easily controlled by whisky, etc. One or two or three drops of the fluid extract every two or three hours until the pulse and temperature are impressed may be given, watching carefully as you give each dose. It is better, when you can do so, to give it separately. Use locally large poultices. Blisters increase fever when there is great arterial excitement, and do more harm by their constitutional action, than good by their local influence.

"Poultices, by relaxing the capillaries of the skin and by the irritation of their heat, cause an afflux of blood to the surface, and therefore act as mild counter-irritants. Moreover, I think they very probably, even in adults, influence the lung itself directly, just as they do a boil or inflamed external part. In children the chest-walls are so thin that it is exceedingly probable warm water will slowly find its way through them. Be this as it may, poultices are the best local application in the hot stage of pneumonia, and I habitually continue their use until the lung has well cleared up; although some prefer blisters after defervescence. In my practice the epispastics are reserved for those cases in which the consolidation tends to become chronic.

"After defervescence, annoying symptoms, such as cough, sleeplessness, etc., may be treated; but the chief indication is for support whilst the exhaustive process of clearing up is being carried out. At this time, then, withdraw the veratrum viride, and put your patient upon tonics and nutritious, easily-digested food. Of course, the best food you could give would be blood and raw meat; but in lieu of these, as they are objectionable to the patient, use milk. Lime-water is added, to make the clot spongy and soft. You can now treat slight symptoms: blister, if you wish; I never do it, except when the disease shows a tendency to become chronic. Such is the usual plan of treating pneumonia. But there are some cases which urgently demand immediate attention. The case before you, when she entered the ward, was gasping for breath. Consequently the blood-

paths were greatly narrowed by the obliteration of so many capillaries, and congestion of the sound portions resulted,—a congestion which was a mere physical result, but demanded immediate relief. There was consolidation of a large part of one lung, and the other was also affected, because there was too much blood for passage, and instant relief was demanded.

"When there is intense collateral congestion of the lung in pneumonia, reduce the volume of the blood in some way. The best way to do this is to bleed by the arm. In the present case it was thought proper to use cut cups, as the day she entered was the fourth day of the disease. When the pressure of the blood upon the vessels is increased, there is a tendency to leakage; and œdema of the lung complicates the existing trouble. Never dry-cup in pleurisy, as post-mortem examinations show that the contiguity of the pleura causes it to increase instead of diminishing the congestion.

"The future of the case before us is doubtful, and no certain prognosis can be made. Alcohol is demanded when there is failure on the part of the circulation. Alcohol is in large doses a febrifuge, but is, besides, the most powerful arterial and vital stimulant; and the great indication for its use in pneumonia is failure of vital power and of circulation. These seem now to exist in our case, and she shall be put on the use of alcohol."

[The woman was put upon the use of three fluid-ounces of whisky in the twenty-four hours, the veratrum viride withdrawn, and fifteen grains of quinine exhibited daily. The day after the clinic her temperature fell from 104° to 99½° F., and under supporting treatment the case has since progressed steadily towards convalescence.]

BELLEVUE HOSPITAL, NEW YORK.

NOTES OF TREATMENT.

INTERMITTENT FEVER.

SOME preparation containing quinine is usually given by all divisions in the treatment of this disease. The following, "Clark's powder," is given almost exclusively on the third division:

R Pulv. opii, gr. j;
Pulv. capsici, gr. iij;
Quin. sulph., gr. x. M.
S.—Dose.

This is given about four hours previous to the time the chill is expected. If admitted during a paroxysm, or shortly after one has ceased, the powder is given and repeated as above. This rarely fails to break up even a prolonged series of paroxysms, and in recent cases almost invariably succeeds. By others, quinine alone is administered. The patient is rapidly brought under its influence in the following way: If the chill be expected in the morning, quin. sulph. gr. x are given the night previous, and again in the morning, one dose four hours, another dose two hours, before the time the chill is expected to occur. In the majority of cases this is successful in warding off the chill. If, however, it occur, a hypodermic of morphia is sometimes administered; but oftener the above dose (gr. x) is repeated in the hot stage, and quinism produced and maintained until the disease yields. In addition to this, some preparation of iron is given, as tr. ferri chlorid. ℥ x-xxx t. i. d. The hypodermic administration of quinine is being used extensively here, usually with favorable results. The solution adopted is the following, suggested by Dr. F. D. Lente, of Cold Spring, New York:

R Quinæ sulph., gr. 1;
Acid. sulph. dil., q. s.;
Aq. ebullient., ʒj.

Allow this to cool; then add—

Acid. carbolic. (cryst.), gr. iv. M.

Of this, ℥x-xxx or more may be injected subcutaneously without danger of producing abscesses, such as commonly arise by the use of the ethereal solution. Dr. Lente states that, although he has used it constantly in his practice, he has never seen an abscess caused by it; and a similar experience has attended its use here. This method is especially useful in cases of coma into whose causation malaria is suspected to enter; also in cases where it is necessary to bring the patient rapidly under the influence of the drug.

When quinine fails to arrest the paroxysms, arsenic is employed. A patient with malarial neuralgia of several weeks' duration had been treated by quinine in all the methods recommended, with no beneficial effect. Liq. potassæ arsenitis ℥viiij t. i. d. put an end to the trouble in two days, the patient being discharged cured in ten days.

HYPERPYREXIA.

If malarial, this is treated by quin. sulph. gr. v, q. 4 h., and even in diseases in which no malarial element exists quinine is given. A temperature of about 104° F. is usually treated by quinine as above, and by tinct. aconit. rad. (Fleming's) ℥j, q. ½ h. for three or four doses, then q. 1 h. In sthenic inflammation this is the most common method, and is usually successful. If the temperature rise above 104° F., sponging the surface with water is employed, somewhat differently on different divisions; some preferring cold, others tepid water. Several cases of insolation were treated on one division as follows: by means of an ordinary garden-sprinkler, water as hot as could be conveniently borne was sprinkled over the body, an attendant on each side of the patient fanning the surface vigorously meanwhile. By this means the temperature in all cases rapidly fell, and did not show the same tendency to rise immediately that is observed when cold water is used. Ice-bags to the head, and cold-water injections into the rectum, were also used in some cases.

DIPHTHERIA OF WOUNDS.

Several cases have occurred during the past month in the lying-in-wards of diphtheria of wounds of the mucous membrane acquired during labor. The practice has been in almost every case to cauterize the surface with argent. nitrat. fus., and to apply cloths moistened with "black-wash" to the wounds. In one case cauterization was adopted, and no other local application made, the parts being syringed out thrice daily with sol. acid. carbolic. (gr. x-ʒj). Resolution quickly followed in the last, and in all the others except one, which was complicated with puerperal fever. In all cases of fetid lochia, injections are employed either of the sol. acid. carbolic. or infus. chamomil.

W. H. FARRINGTON, M.D.

TRANSLATIONS.

A CASE OF MELANÆMIA.

By Dr. S. VON BASCH. Translated from *Wiener Med. Jahrbücher*

BY WILLIAM ASHBIDGE, M.D.

THE patient whose case is here reported was a physician, 32 years of age, practising his profession in a very malarious region, who up to the year 1868 had always enjoyed good health, with the exception of attacks of muscular rheumatism of but little severity. In 1868 he had an attack of intermittent fever, which was speedily cut short with quinine. In the following

year the attack was repeated; in 1870 and 1871 the attacks become more frequent and of longer duration, but somewhat diminished in intensity. In the spring of 1872 the frequency of the attacks increased so much that the intervals between them were never longer than ten or twelve days. The types of the paroxysms were varied in character. The attacks in the beginning of May, 1872, were accompanied at one time with crural neuralgia, at another with pain in the muscles of the neck and back, and in both cases the pain ceased together with the intermittent fever on the administration of quinine.

Towards the end of July of this year, a new feature made its appearance. The patient began to feel a peculiar burning sensation in the fossa navicularis, which increased in intensity during urination, accompanied by a feeling as if the bladder was not completely emptied of its contents. A few days later, to the pain in the urethra was added pain over the symphysis; and about two weeks after this, intense pains in the joints, accompanied by a fever, set in, and lasted with about the same intensity for three days, when, under the use of cold water externally, and large doses of quinine, these two last-mentioned symptoms vanished. The symptoms before mentioned, however, continued, and a certain periodicity was observable in their recurrence: beginning in the course of the forenoon, they reached the maximum of their intensity about four or five o'clock P.M. The urine passed in the course of the day, with the exception of a slight cloudiness due to mucus, presented nothing abnormal; that, however, passed in the evening presented a milky cloudiness as it issued from the urethra, and upon standing there was precipitated from it a plentiful sediment of a dirty white color, which was soluble in acetic acid. This state of affairs continued, with occasional intermissions, due sometimes to large doses of quinine, at others of spontaneous origin. In the commencement of August the patient was sent to Marienbad; but the use of the waters was found to augment his sufferings, and the sediment in the urine continued as before. A short time after beginning the use of these waters, he came under the care of Dr. Von Basch, presenting at that time a marked cachectic appearance, and the spleen and liver were found by percussion to be enlarged to a marked extent.

The suspicion that the symptoms of trouble in the urinary organs might be due to the existence of a vesical calculus was entirely set at rest by a careful examination, so that, from the history of the case and the condition of the patient at this time, it appeared that the trouble was due to some disturbance of nutrition, having its origin in the repeated attacks of malarial fever to which he had been subjected. In his treatment of the case, Dr. Von Basch forbade the further use of the mineral waters, believing from what he had seen of their effects that they could only do injury, and, feeling convinced that the malarial influence was still active, ordered larger doses of quinine, with the expectation of continuing them for a considerable length of time. He advised at the same time the use of baths containing carbonic acid, since it has been found that the absorption of oxygen is favored by bathing in waters containing an irritant to the skin, hoping that a more active metamorphism of tissue would act favorably upon the malarial process. The result of this treatment was, on the whole, favorable; for the neuralgia and the sediment in the urine were absent more frequently than previously. The microscopic examination of the blood, which was commenced in the second week of treatment, supported the supposition as to the malarial origin of the trouble.

In the urine were found crystals of oxalate of lime, crystals of uric acid, and flakes containing a dark-brown pigment. From this Dr. Von Basch was induced

to examine the blood of the patient, and in it he found similar hyaline flakes, and bodies resembling cells containing pigment. By this examination the existence of melanæmia was established, and its dependence upon malarial cachexia has been fully demonstrated by many observers. It is important to notice that in this case the urine contained no albumen, while in those cases already reported, in which this pigment in the urine was found, that excretion contained albumen.

In regard to the source whence the pigment came, none other than the blood can be given.

In support of this, the facts that the pigment was found in the recently discharged urine, and the entire resemblance between that found in the blood and urine, can be adduced. The well-known state of kidneys in patients with melanæmia renders it probable that the pigment passed from the blood into the urine within these organs, and not that it made its exit from the blood-vessels of the bladder. In conclusion, it is to be noticed that none of the other constituents of the blood were to be found in the urine, although the size of the pigment-flakes was from two to six times greater than that of the white blood-corpuscles. The condition of the patient gradually improved, until at last the symptoms had ceased, his health was good, and he was gaining in weight; but the pigment was still to be found in the blood and urine.

Upon his return to his home, however, a new attack of intermittent fever came on, and all the other symptoms detailed above returned.

MYOSITIS OSSIFICANS.

By PROF. PODRAZKI. Report of a case presented to the *K. K. Gesellschaft der Aerzte in Wien*, April 18, 1873. Translated

BY WM. ASHBRIDGE, M.D.

THE patient was a soldier, in whom as a result of excessive gymnastic exercise a development of bone had taken place in the brachialis anticus muscle of the right arm. This process had gone on with surprising rapidity, for at the end of eight days' exercise a swelling quite hard and tender could be discovered in the region of the muscle referred to. At its commencement the tumor was distinctly elastic, was undoubtedly situated in the belly of the brachialis anticus muscle, pretty firmly adherent to the humerus, and with the tendon of the biceps running over it. The arm was bent in a right angle at the elbow, and could neither be straightened by the efforts of the patient nor by passive motion. At first a strong needle could be thrust into the tumor, giving the sensation derived from a similar procedure with cartilage, and not causing the patient any pain. The tumor remained for a period of three weeks, when under the influence of chloroform an attempt was made to extend the arm. The contraction finally yielded to the efforts of the operation, giving rise to a tearing sound, supposed to be due to the separation of the tendon from the muscular tissue. The arm was placed upon a splint kept straight for some days, and from that time the motion in the elbow-joint was freer, but the muscle became constantly harder, and finally as hard as bone itself.

At the time the patient was shown, it was impossible, even with great force, to thrust a needle into the tumor, but the formation of bone could be distinctly recognized.

Two similar cases were presented by Von Pitha in 1864; the patients in both cases being soldiers, and the affection appearing in the same muscle, but in both cases upon both arms. A case entirely similar to the one here described is alluded to in the "Handbuch der Chirurgie" of Von Pitha and Billroth.

PHILADELPHIA MEDICAL TIMES.

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The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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EDITORIAL.

OUR HOSPITALS FOR THE INSANE.

AMONG the medical institutions of this community, none show signs of greater prosperity—meaning thereby an enlargement of their material resources—than our hospitals for the insane. Not only are they used nearly up to the limit of their capacity, but they have been recently enabled, through their own income or the special contributions of their friends, to meet the requirements of the time by extending their capacity, by providing a more liberal style of accommodations, and by increasing their means and appliances for the promotion of comfort and recreation.

First and foremost, the old Pennsylvania Hospital for the Insane, which, thirty years ago, obtained a new location beyond the Schuylkill, with ninety-seven patients, which number has now grown to four hundred and more, will begin the coming year with room for an additional thirty, in a new building, erected, like a similar one four or five years since, by means of the Fisher bequest. The one just finished is an admirable specimen of hospital architecture, providing for every requirement in the most satisfactory and pleasing manner. Though plain enough for the strictest economy, it is all in good taste, and not without some show of elegance; while the work and the materials are unexceptionably good. Thus, from time to time, this noble institution has been enlarging its means of usefulness, and every time presenting a fresh

memorial of the enlightened benevolence of this community.

The old establishment at Frankford—the first in this country to exemplify, independent of other connections, the better management of the insane introduced by Tuke in England and Pinel in France—has lately yielded to the demands of the time for more and better accommodations, by erecting additional wings, by putting on another story in the Mansard style, and by various architectural changes that have greatly improved its appearance without and within. If beautiful grounds and fine rural surroundings fit an establishment in any measure for treating the disordered mind, this is singularly fortunate; and that these attractions, in connection with the above-mentioned improvements, are having their legitimate effect is well shown by the increasing number of patients,—larger the present season than ever before. In this wider field of usefulness, we doubt not, it will continue to maintain the reputation already earned as the successful pioneer in this benevolent work.

The private hospital of Dr. Given, near Kellyville, also illustrates the progressive spirit of the time, in a new Mansard roof, which gives it considerable additional room, and imparts a feature of elegance to its outward aspect. This institution has more patients at present than at any previous period; and if untiring devotion to his duties, intelligent and unceasing endeavor to promote the comfort of the unfortunates committed to his care, and constant personal supervision of his wards, should insure increasing numbers, the doctor well deserves success. Private asylums have provoked much unfriendly criticism, but there is, notwithstanding, a certain demand for them in our affluent communities, which *will* be supplied, and Dr. Given's is one of the kind best fitted to meet this imperative want. Its location is favorable, commanding a very extensive view, its grounds are beautifully planted, and, while exempt from vulgar intrusion, it is always open to the intelligent visitor to inspect and examine.

Let us mention, by the way, that many of the patients in these hospitals are from other States,—especially from the South and West. The fact furnishes a signal proof of that pre-eminence which Philadelphia has ever maintained in the attainment and diffusion of medical knowledge, and its results. People would not bring here their insane friends hundreds of miles from home, except upon the firm belief that they would receive, in a higher degree than they would anywhere else, the benefits resulting from the latest advancements in science, ren-

dered practical and enduring by private munificence.

We have another hospital, with twice as many patients as all these together. We refer to the Insane Department of the Philadelphia Almshouse, now containing over one thousand patients. Some three years ago the municipal authorities, at the instance of some benevolent gentlemen who were dismayed by its crowded condition, ordered the erection of two more buildings, one for each sex, capable of accommodating about seventy persons each; that is, providing for a two years' increase, as for the last six or seven years the admissions have exceeded the discharges at the rate of about seventy per year. The measure was prompted by the most benevolent motives; but it reminds us of Dame Partington's attempt to sweep back the Atlantic Ocean with a broom. At this moment there is more need of two additional buildings than there was three years ago. Now, as then, the patients are closely crowded together, with little or no employment, and at night many of them are put away in rooms six feet by ten at the rate of three in a room.

But then these patients are nothing but paupers—guilty of the double crime of poverty and insanity. All praise, then, to our City Fathers for crowding them into apartments too small for half the number. Millions upon millions must be furnished for the new public buildings. In the day of our city's exaltation, when Europe and America crowd its streets because a mighty nation celebrates its hundred years of freedom, it is well that, stone upon stone, marble upon marble, our municipal palace shall stand in cold but glittering magnificence.

Asking God's blessing, then, on our enterprise, let us for its furtherance strip our city hospital of every convenience; let every appliance for relief be withheld, every hope of cure banished, every mitigation of the deepest agony the human soul can suffer this side of eternity be sternly put away. All praise to those who have learned how to take care of our pauper insane at one dollar and eighty-five cents per week,—just enough to keep off the pangs of hunger with the coarsest possible of food; just enough to keep out the winter's cold with the coarsest possible of clothing. It is well—Dives should fare sumptuously, but let Lazarus with thankful heart kennel with the dogs in the stable.

DR. BRAXTON HICKS, of London, has so nearly recovered from his severe illness, caused by an infectious wound, that he will return speedily to his ordinary duties.

RAPTORES ET OSCINES.

NOT long since we came across an educated citizen of no mean country,—China,—whose companion and purse-bearer had been murdered and robbed in New York, and who, penniless and without knowledge of our language, found his way to this city by hook or by crook, because, as he has since said, some "teachee man" had told him in China "nobody but good people in Philadelphia." Judging from the letter which we publish in another column, our city's reputation is better abroad than at home,—better in China than in Washington County. Yet we think this Muncie affair may be deemed unfortunate rather than culpable, at least when judged by the political standard of our times. Our correspondent, if he be a voter, must know that, whatever the theory of our city government may be, in practice, like the class Aves, we are divided into two sets, those of prey and those to be preyed upon,—the rapacious birds and the finches,—the politicians and the people. The citizens know it, yet prefer, apparently, to be swindled, since they could alter matters if they chose. Under these circumstances it seems rather hard to call, as has been done, a poor coroner's driver a "ghoul" because he imitates his betters and robs the dead, or to revile the superintendent of burying-grounds because he pockets eight dollars extra from the tax-payers whenever he gets a chance. Why howl at the little rogues, when year after year the great rogues are re-elected,—yea, fawned upon? Shall not the tax-payer enjoy his inestimable privilege of being plundered? The ado, then, about these "small fry" has amused us exceedingly, and we have been only more amused by one thing, viz., the idea that any man should be so innocent as to think that our "learned District Attorney" will hurt any one of his following in this matter, unless, indeed, so much outside pressure be put upon him that he fears for himself.

So far as the medical authorities are concerned, we do not see that any blame attaches to them. When a body is brought by the properly constituted authorities to Dr. Hodge, with regular certificates, on what plea shall he refuse it, or why shall he ask whether it has been kept the forty-eight hours required by law? If he does ask, how is he to prevent men who have told a legal lie on paper from supporting it by an irresponsible verbal one?

So far as preventing similar occurrences in the future is concerned, the embalming and preserving of the bodies for a month or six weeks at the Morgue strikes us as the best proposal. As for "honest officials," the day for that has passed.

Whilst we are writing upon this subject, a few words in regard to the condition of the old University building sold to the United States government may not seem out of place. As is known to most of our readers, in the cellar of the building spoken of are a number of vaults or pits, nine, we believe, in which it has been customary for many decades to store the débris of dissection, filling a pit one year and closing it until, at the end of eight years, its turn comes again. The cleaning of these pits is a matter involving some thousands of dollars; and, as the government was informed of their presence before the sale and transfer of the property, no blame can be attached to the University trustees for not incurring the expense of emptying the vaults. It appears, however, that the medical faculty or its officers did not properly clean up the building; bones, and even partially dissected bodies, were left in various portions of it, instead of being placed in the pits, and gave rise to an odor which caused an official visit of the Board of Health and gave a pretext and inducement to burglarious reporters to break into the building at night, or more probably to imagine that they had so done, and to sicken the people with horrible sensational stories of what they had seen.

A great deal of censure is due those whose carelessness has given occasion for so much reproach; but at least as much reprobation is owing to such papers as the *Press*, which prostituted what influence they may have to excite public opinion against the medical schools. On the other hand, the thanks of the profession are due to the *Evening Bulletin*, the *Public Record*, and some other papers, for the sensible manner in which they have discussed the question.

CORRESPONDENCE.

LONDON LETTER.

[From Our Own Correspondent.]

The Medical Vacation—Doctors in the Highlands—The Meeting of the British Medical Association—The Members—The Cost—The Orations—Mr. Wood's Failure—Aspiration—Foreigners present—The Sources of Strength of the Association—Sir William Gull's Absence—A Thousand New Members—The *Times* and the Medical Journals.

AUGUST 18, 1873.

THE medical "season" here closes definitely at the end of July, and from that date until October, when the schools reopen and the work of the winter session recommences, we have a sort of interregnum. All London is out of town, and the medical men take their vacation. Some of our leading men are famous holiday-makers. I write to you to-day from a distant part of Scotland; and near me in the Highlands are

Sir Henry Thompson, Dr. Priestley, Dr. Quain, Dr. Wilson Fox, Sir William Fergusson, and I know not how many more. Dr. Quain is a famous shot, and his London house is adorned with a forest of antlers, the trophies of his prowess in the deer-forests of Scotland; Sir Henry Thompson is almost as skilled with the brush and palette as with the lithotrite and the knife; and before sitting down to write you this retrospective letter of the last weeks of the season, I have had the pleasure of filling a basket with speckled trout, which I would more willingly send you than this MS. if it were likely to give you as much pleasure as the sport gives to city-pent men who can only break away at annual intervals from the round of professional work.

The London season closed, however, with a great meeting, half of business and half of pleasure, which deserves some record. The London meeting of the British Medical Association has been a very great success. Some of your professional brethren in Philadelphia, Dr. Wistar and Dr. Solis Cohen, were with us, and may perhaps give you some notes of their impressions. Dr. Gross was specially invited, but was unable to come. Nearly two thousand medical men assembled; and the meetings lasted throughout the week. The British Medical Association is made up of twenty-one local associations or branches, each having its own local meetings and local organization (on a nearly but not quite uniform plan), and each sending delegates to the Council, and to the smaller executive body or Committee of Council which governs the whole Association and represents it during the year. The secretary of each branch is *ex officio* a member of the Committee of Council, and so are the Past Presidents of the Association, who on quitting office become permanent Vice-Presidents of the Association. The other members of the Committee of Council are twenty gentlemen elected by open ballot at the General Council at each annual meeting, and of whom a proportion must retire annually. Thus the Committee of Council consists of about sixty members,—twenty-one secretaries of branches, elected by the branches, twenty elected members, elected at the annual meeting, and, by a recent resolution, the readers of addresses, etc., for the year. It is difficult to devise a more thoroughly representative body; and accordingly it has been found to work, on the whole, in a manner highly satisfactory to the profession. The Association takes from its members an annual subscription of a guinea: out of this it contrives to pay the executive expenses of the General Secretary, who receives an annual salary of £350 a year; his clerks and expenses; the expenses of standing committees, such as the Medical Reform Committee, Parliamentary Bills Committee, State Medicine Committee, and others; and, besides this, to furnish each member with a weekly copy of the *British Medical Journal* free by post. That journal is the organ and property of the Association. Eight years ago it was a small but respectable journal of about twenty pages: it is now a large quarto journal varying from forty to fifty-six pages. The numbers of the Association have risen consentaneously with the im-

provement in the journal. Seven years ago there were not more than two thousand members of the Association: there are now nearly six thousand members, and each year brings its contingent of several hundred new members,—the present year most of all, for more than eight hundred new members have joined already, and I am told by the Secretary, Mr. Fouke, that enough to make up a thousand are awaiting admission.

So great a progress has naturally excited a great deal of attention. Mr. Baker, the President of the Association, and Dr. Quain, the President of the Metropolitan Counties Branch, have during the last few weeks officially ascribed the opening of the new era of prosperity for the Association, and its steady continuance, to the improvement in the *British Medical Journal* with which it has been coincident and contemporaneous. The Association has lasted now forty-two years: it numbered about fifteen hundred members within a few years of its foundation, and there it stuck for twenty-five years. It held great meetings in London, in Edinburgh, in Birmingham, and elsewhere, and gathered to itself large accessions of members; but there was not in the ordinary activity of the Association enough to retain the members, and the return for the annual guinea subscription did not seem sufficient. Thus its fortunes fluctuated: the increase of one year was followed by a falling off in another year. For the last six years, however, the increase has been continuous and persistent; and this dates from the time that the size of the *Journal* was doubled and that it was placed under vigorous management which has increased its receipts from advertisements from £600 a year to nearly £3000 a year, which has been spent on the journal itself. The increase in the numbers and influence of the Association has naturally imparted also more confidence and activity to the policy of its managers. It has compelled the government to issue a Royal Sanitary Commission, on the reports of which has been based the Public Health Act. It obliged the minister in charge of that act to accept certain modifications of it. Under that act a medical man is appointed in every district of the country, at a good salary, charged with important duties and large powers as an officer of hygiene and preventive medicine. It has compelled Mr. Stansfeld to promise to include the existing medical officers under the laws for the relief of the poor by organization, and to remunerate them adequately for their trouble. It has called Mr. Cornwell, the Secretary of State for War, to account for provisions in a recent army warrant which are considered to be less favorable than they should be to army medical officers; and it has obtained from him concessions which now await the assent of the Treasury. Mr. Stansfeld, the President of the Local Government Board, last week addressed Mr. Ernest Hart, the chairman of the Parliamentary Bills Committee, with a letter requesting him to frame for the consideration of the government a scheme for the education and registration of midwives,—a subject which was recently recommended to his attention by a deputation of the Association.

Thus the Association had already a large place in public estimation when it commenced its annual meeting on the first week in August. The Lord Mayor of London gave some *éclat* to the meeting by offering an evening reception at the Mansion-House to the members and their ladies, who mustered to the extent of about four thousand. The authorities of the Royal College of Surgeons and of University College rivalled the municipality in the liberality of their entertainments. It is the custom of the Association that the annual meeting is held by the invitation of the local branch resident in the town in which the meeting takes place. The Metropolitan County Branch accordingly bore the expense of the arrangements for the meeting. These included the fitting up of the building in which it was held, King's College, the provision of a free luncheon each day for all comers, and grants to the excursions and pleasure-parties with which the week ended. Not more than about one thousand members were expected, and to defray the expenses £800 were raised among the metropolitan medical men. This, however, falls short of the expenditure, which has not been less than £1200; and a further subscription is being raised. Altogether, the expenses fall heavily upon some members; for the more prominent members of the Association entertained largely at their own houses, at dinner, during the meetings. Sir William Fergusson, Sir William Jenner, Dr. Quain, Mr. Curling, Dr. Russell Reynolds, Mr. William Adams, Sir James Paget, Dr. Burrows, Dr. Morell Mackenzie, Dr. Andrew Clark, Dr. Wilks, and others, received parties of fifty and sixty; Mr. Spencer Wells gave a garden party to one hundred and fifty guests. Sir William Gull, Mr. Prescott Hewitt, and Sir Henry Thompson were conspicuous by their absence. They were unwilling to sacrifice the first week of their holiday. In the case of Sir William Gull especially, who owes much to the Association, this carelessness and neglect of his provincial brethren, by whom he has been largely aided to rise to his present position, is the subject of much indignant comment, and the more so that it has not, as in some other cases, been relieved by the expression of regret and by compensatory liberality. The surgeon who had to leave town left fifty pounds as his contribution to the general fund: Sir William Gull left three.

These minor details of professional life will perhaps interest you more than the mere narrative of the public proceedings, which you will find fully recorded in the medical papers, and especially, of course, in the journal of the Association. No doubt also some of your own countrymen will record their independent impressions of what they saw on the surface. What I write will perhaps help your readers to understand the sources and character of the influence and activity of this Association, which has not at present, so far as I know, any rival among professional associations, in the extent, power, and completeness of its organization.

The late meeting was not remarkable for the excellence of the addresses. The only articles which were

noteworthy were those of Professor Parkes of Netley, on Medicine, and of Professor Sanderson, on Physiology. Both were reviews of progress which were every way worthy of the occasion, and of which you may perhaps think it worth while to transfer parts to your columns. The address on Surgery, by Mr. Wood, is perhaps the weakest ever delivered before the Association. It is ill written, weakly conceived, and only half informed on such subjects as antisepticity in surgery, and the use of pneumatic aspiration, with which it deals. Oddly enough, it speaks of the pneumatic aspiration of strangulated hernia, a proceeding of quite a commonplace character and which is at least entirely innocuous, as one of unparalleled audacity, such that the writer could not nerve himself to its contemplation. A perusal of the chapter on aspiration of strangulated hernia in Dr. Dieulafoy's most interesting newly-published monograph ("A Treatise on Pneumatic Aspiration, a New Medico-Chirurgical Method of Treatment and Diagnosis in Hydatid Cysts and Abscess of the Liver, Pleurisy, Empyema, Hyarthrosis, Strangulated Hernia, etc.") By G. Dieulafoy, M.D. Smith, Elder & Co., London) would certainly greatly modify that fear of Mr. Wood. Altogether, the address was below mediocrity, and was much to be regretted. There are, however, extenuating circumstances which must modify foreign criticism. Mr. Wood stands only in the third place among our London surgeons, and his name figured only accidentally on the list. It was intended and arranged that Mr. John Erichsen should give the address, and, failing him, Mr. Prescott Hewitt. Mr. Erichsen had accepted the task; but about a month before the time came for fulfilling it, his health gave way under the effects of a wound received in removing a cancerous tongue, which had brought on a state of chronic pyæmia. Mr. Prescott Hewitt was unable at short notice to accept the task, and by an odd sort of chance the next refusal fell to Mr. Wood, whose name had been put on the list accidentally and at the suggestion of a zealous friend willing to pay him what seemed at the time a nominal compliment. Mr. Wood had not much time to prepare his address, and it need not be judged harshly: we must only ask you not to take it as a specimen of what should be offered as a review of surgical progress by a representative metropolitan surgeon. Two other gentlemen would, it is stated, have gladly accepted the office, from whom we should have had a very different sort of oration,—Sir Henry Thompson and Mr. Spencer Wells.

The meeting had the advantage of the presence of some eminent foreigners; among them Professor Virchow and Baron Langenbeck, Professor Bardeleben, Oscar Liebreich, Binz of Bonn, Busch of Heidelberg, Lazarewitch of Kieff, Noël Gueneau de Mussy of Paris, Ollier and Chauveau of Lyons, Gosselin, Marly, Moreau, Spiegelburg, Cornil, Dieulafoy, and many others. Some eminent Americans were here from other cities than yours, including F. Barker and Bumstead of New York, and the delegates of the American Medical Association.

As to the uses of such a meeting, its first use is no doubt the great social use of union, greeting, affirmation of fraternity, of the common pursuit of large objects, of the acceptance of strict ethical principles, and the attachment to the pursuit of the sciences, and the attainment of the objects declared in the speeches and resolutions. The more important parts of the business are the reception of the addresses and reports, and the re-election of the committees which I have described, and then the sectional meetings. A great mass of scientific papers was read; but of these more may be said at another time. The speeches, the resolutions in favor of sanitary reform, of army medical reform, of poor-law medical reform, and the renewal of the organization of the Association for the year, attracted a very great amount of public attention. The *Times* gave every day four columns of its space to the reports; the Premier, Mr. Gladstone, attended the dinner, and paid public homage to the higher aims and more elevated functions of medical bodies to which this meeting testified; and, almost for the first time, the medical profession appeared as united in one powerful body for great objects of no selfish character, but indissolubly joined with good government and human progress. Hence this meeting has been a great success, not only for the Association, but for the profession at large. This is acknowledged by all the medical journals; but, inasmuch as the extension of the Association is necessarily coincident with a diminution in their circulation and influence, and every subscriber gained for the Association is one taken from the *Lancet* or the *Medical Times*, the warmth of their applause is a good deal tempered by financial considerations; and they are especially of opinion that it is preposterous for an association of medical men to own their own medical paper and to manage to carry on their association and publish their paper together for a total subscription of twenty-one shillings a year, while the subscription to the other papers alone is thirty shillings a year. Hence they advocate the diversion of the funds to any other purposes than those which have this year won a further accession of a thousand subscribers,—especially to a benevolent fund or to scientific grants. The advice has been annually tendered for a good many years; and the Association has thriven so well by not accepting it that it is a little surprising it should be so constantly repeated.

TO THE EDITOR OF THE PHILADELPHIA MEDICAL TIMES:

SIR,—I happened to be in the town of Washington, Pa., a few weeks ago, when the telegraph announced the finding of the body of Thomas Munce in the vats of the University of Pennsylvania, and I could not but heartily sympathize with the storm of excitement and indignation it aroused. Look at the facts. Thomas Munce was a well-known, highly respectable, elderly, bachelor farmer of Washington county; a man of means, worth from \$75,000 to \$100,000; of somewhat impaired intellect (result of an injury to the head sus-

tained some years ago), and erratic as to his times and ways. He left home unexpectedly, and was last seen on the 2d of July or early on the 3d at the Union depot, Pittsburgh. Later on the same day, whether as the result of accident, design, or of his own motion, his dead body is found in the Schuylkill and taken to the Morgue. *In less than forty-eight hours* from the time of his arrival in this city he is—minus watch, spectacles, and money—within the walls of the University of Pennsylvania, *injected*, and, with other victims, consigned to the vats to await the coming "lecture season" with its hungry "clubs of five." His spectacles fall a prey to one; his watch to another,—the driver of the coroner's wagon, who, after the excitement has somewhat died away, "spouts it" at the pawnbroker's shop, and thus a clue is given, which, followed up, ends with the body in the University vats and the driver under arrest. Well for Munce and his family that he journeyed eastward in the summer-time: a little later in the season, and, despite the friendly watch in the pawnbroker's shop, the "deep damnation of his taking off" would have remained a mystery till "the crack of doom." With the legal investigation now going on we have here nothing to do. 'Tis true, the coroner gets his eight dollars for burial (which our learned District Attorney endorses as proper and right, for the coroner's horse must be fed, whether the man be buried or not). 'Tis true, the superintendent of the city burial-grounds buries him,—*on paper*,—and gives his certificate to that effect. 'Tis true, the tax-payers pay the burial-fees and for the coffins,—the same old coffins which, a professional tells me, "have done this sad service and been sold over and over again to the city for many, many years." 'Tis true that the whole scandalous farce is a burning, blistering disgrace to our city; but we leave that to the law. Professionally, are our own skirts clean? A few years ago, when by the earnest efforts of our medical brethren (and especially the College of Physicians) the appropriation of unclaimed bodies for scientific purposes was legalized, and "body-snatching" became a thing of the ghostly past, society rejoiced, and the profession felt that a great advance had been made in the cause of science and humanity. But, sir, the indecent haste with which "a poor unfortunate" is swept out of sight, even for *scientific* purposes, shocks our moral sense. This coroner-janito-medico combination savors too strongly of the "snap judgment" "sharp practice" order to suit our average citizen. The whole story, apologize as they may, is pitiful and disgusting and disgraceful to the last degree, and demands a radical correction. Let the bodies be *embalmed*, as Dr. Hodge calls it (injected with chloride of zinc—15 gr. to 3j is the usual way; simple, cheap, and durable), by the coroner's physician, and kept in some convenient place a proper time for recognition. Then, with honest officials, we may hope that another such chapter in the history of our city will never be written, and elderly country gentlemen will not hesitate to visit us and accept the hospitalities of the City of Brotherly Love.

R.

REVIEWS AND BOOK NOTICES.

A PRACTICAL MANUAL OF THE DISEASES OF CHILDREN: WITH A FORMULARY. By ED. ELLIS, M.D., etc.

This book aspires to the name and uses of a manual. To produce a really good manual is certainly not easy. To be concise, accurate, and bright,—to tell the story of disease and remedy clearly and sharply, that the book may be hastily read yet quickly understood,—graphically and forcibly, that it may be long remembered,—these are some of the aims of a good manual. We have no wish to find fault, yet might suppose that cerebro-spinal meningitis had been known long enough to merit mention. We also were taught, and still believe, the typical duration of typhus fever to be fourteen, and of typhoid fever about twenty-one, days,—the author placing it at twenty-one and twenty-eight respectively. By a typographical error, p. 84, the well-merited claims of Dr. Sansom in connection with the sulphocarbolates are ignored, and credit is given to a Dr. Sansum, with whose name we are not familiar.

The student of physic, like the student of metaphysics, must paddle wearily through many a stagnant swamp of exploded error before he emerges into the swift-running stream of present truth. Why students are not told at once what is the accepted doctrine of the present, and allowed to grub into the past at their own option and inclination, we could never understand. Certainly by this method our overburdened course of study would be wonderfully relieved. This digression simply means that the manual under consideration is in some respects antiquated, and not always correct.

The author's chapter on typhoid fever states, as mentioned above, its duration at twenty-eight or thirty days. Especially in the case of children this seems a curious error; for in them so often is the first week completely overlooked that the fever has an apparent duration of only fourteen. In diet, "beef-tea, veal-tea, light pudding without currants, and milk" are recommended. "And the last shall be first." We believe that animal broths nearly always aggravate the diarrhoea, and in mild cases cause it; and that any one firmly withholding them during the fever, and depending on milk alone, will, after a few trials, be convinced. Especially would we warn against the—fortunately, in this country almost unknown—abomination, veal-tea.

On p. 93, "it must be remembered that children do not bear narcotics well." They bear them better than stupid medicators think, who, not knowing how much they require, over-dose them, and then make the above hackneyed remark. By narcotics we presume opium is meant. Surely no one will say that children are particularly susceptible to belladonna as a rule.

Page 92, "the abdomen may be covered with a moist, warm cloth well sprinkled with turpentine, or a bran poultice." The innocent and not too experienced student who should suppose the two synonymous would ere long discover his mistake: they are not equally calculated to remain upon the abdomen.

The mainstay and sheet-anchor also is noticeable. Witness the author's almost comical description (p. 115) of what to do with a child who has fits. Perhaps it has eaten something improper. What has it had? "A good purgative," he triumphantly exclaims, "will cure it. Calomel and sugar is the best, as it can be put on the back of the tongue and sucked down without difficulty." If all things which can be so placed and so disposed of are good purgatives, what a wide and popular range of drugs is opened to us! A little further we read, "for inward fits calomel will be required at once," conveying the impression to the above-mentioned unskilful student that without calomel "inward fits" are doomed to a rapid and early destruction.

With the exceptions noted, the manual suits us. It is pleasantly written, well printed, and ends with a formulary of drugs, from which we think the average American reader, if he try, can scarcely fail to gain some useful hints in prescribing.

SYPHILIS OF THE SKIN AND THE ADJACENT MUCOUS MEMBRANES. By DR. MORIZ KAPOSI, Lecturer in the University of Vienna. With Chromo-lithographic plates executed by Dr. CARL HEITZMANN. In Three Parts. Part I., with Twenty Plates and Four Woodcuts. Vienna, 1873, William Braumüller.*

We have before us the above work, which has just appeared from the hands of its well-known authors, Drs. Kaposi and Heitzmann. Although only the first part of the treatise, it alone forms a valuable contribution to the study of syphilis. The volume, a large and handsomely executed specimen of the publisher's work, consists of concisely written chapters upon the soft and hard chancre and bubo. The text is elegantly illustrated by a large number of finely drawn and colored plates from the hands of Dr. Heitzmann. It is a volume of rare excellence and merit, portraying the skin-lesions of syphilis with unusual precision and truthfulness. We welcome its appearance as one of the most important publications of the year, and wish for it a wide-spread circulation.

HANDBOOK FOR MIDWIVES. By HENRY FLY SMITH.

We can speak only in praise of this little work. Though designed for educating a class of women as skilled midwives to take entire charge of easy cases and recognize difficulties in time to summon more intelligent assistance, it is superior to most works of the kind for students, especially for those intrusted with cases of midwifery, as often occurs very early in their studies. The exceedingly difficult task of explaining technicalities clearly to those without previous education on the subject is admirably done. We are astonished at the clearness and correctness of the book, which is small, beautifully printed, and well illustrated. There are no clap-trap pictures.

GLEANINGS FROM OUR EXCHANGES.

PSORIASIS—ITS ETIOLOGY, RELATION TO RHEUMATIC DISEASES, AND THE RATIONALE OF A COGNATE TREATMENT (by F. Le Roy Satterlee, M.D., Ph.D.).—The want of success attending the treatment of psoriasis by any of the received methods has given rise to a sense of impotency and dissatisfaction which has suggested a search for the cause of this disease. An identity or similarity of cause in psoriasis and certain rheumatic affections has occurred to Dr. Bence Jones and been hinted at by two or three other practitioners, but nothing has been presented showing any extended testing or following up of the suggestion. While studying this affection of the skin, both in private practice and also in the service of the New York Dispensary for Diseases of the Skin, it fell also to the lot of Dr. Satterlee to treat many rheumatic cases. The success of the latest treatment of rheumatism confirming the theory of its cause, and the observation of cases of psoriasis suggesting similar chemical actions, an inquiry of patients with the skin-affection developed almost universally the precedence or concomitance of rheumatic affections or at least a rheumatic diathesis

in the individual or family, and the same characteristics in inheritance of tendency, persistency of continuance, or recurrence, in both diseases. Some two years ago he began to test the similarity of physical conditions present in the two diseases under consideration, and to treat psoriasis on the theory of an identity of the materies morbi. The results were so uniform and permanent that he feels warranted in presenting a representative case which had withstood the ordinary forms of treatment administered by the most competent men, and then the rationale and argument for the view advocated by himself.

P. H., aged 24; Irish; by occupation a porter; had suffered from psoriasis for eleven years. The disease spread rapidly until the whole body, the head and hands alone excepted, was covered; the spots, of the size of an English shilling, were always dry and scaly and were close together, the patient always worse in cold and damp weather. After five years the hands and face were also involved. The patient's father was killed, and nothing was known of his family history; the mother died of some disease of the bladder (probably calculus); several of his brothers and sisters had a similar eruption. The patient's habits had been good; he had always worked hard and led an active life; had suffered from rheumatism especially within later years. Seven years ago he was treated internally at Manchester, England, with no effect; in this country he had tried the homœopathic and hydropathic treatments, but with no effect except the washing off of the scales by excessive bathing; afterwards he received treatment by Fowler's solution, *sapo viridis*, alkaline baths, for four months, with but slight effect upon the affection, and he was discharged at the end of this time as incurable. At this time he suffered for two weeks from inflammatory rheumatism. After again trying homœopathic treatment for a short time, he was sent to the Dispensary, and came under the charge of Dr. Satterlee, by whom he was treated on the theory of the presence of an excess of uric acid requiring oxidation up to the point of urea. He was treated by alkalies internally, the diet being restricted to vegetables and fruits and vegetable acids, meat being forbidden, and no external treatment used except an occasional alkaline bath. In three weeks the result manifested itself, and the eruption gradually cleared off, until at the end of three months he was completely well, having gained several pounds in weight during the treatment.

There are two conditions which are the most likely to be the cause of a disturbance in the balance of the nutritive process essential to health. First, a given constituent of the food in too great an excess, and conditions retarding the normal changes of tissue, may prevent the appropriation of new material to construct healthy blood. Thus gout and rheumatism and allied affections are found in those of sedentary habits addicted to an over-indulgence in nitrogenous diet and generous wines. From these causes arises an excess of fibrin in the blood, and from this combined with conditions retarding the transformation of effete tissue there results an incomplete oxidation of the proteins of the body, intermediate compounds are formed, and these constitute the materies morbi of certain diseases, *e.g.*, rheumatism, etc. Second, the opposite state of affairs is found in the pyrexia, in which there is an excessive excretion of nitrogenous compounds from the body, and in the treatment of which such agents are employed as counteract oxidation. Another demonstration of these two opposite states Dr. Satterlee finds in the fact that in his observations he has never found rheumatism or psoriasis in the same subject with consumption.

If, then, these two diseases are looked upon as due to the same general cause or condition of system, the result of the metamorphosis of an excess of nitrogenous

* Die Syphilis der Haut und der angrenzenden Schleimhäute. Von Dr. Moriz Kaposi, Docent an der Universität in Wien. Mit Tafeln in Chromolithographie ausgeführt von Dr. Carl Heitzmann. In drei Lieferungen. 1. Lieferung, mit 20 Tafeln und 4 Holzschnitten. Wien, 1873, Wilhelm Braumüller.

substances, the treatment readily suggests itself. The diet must be restricted, so that the amount of nitrogenous matter taken into the body may be diminished, and such remedies must be administered as tend to promote oxidation, so that the excess of nitrogenous matter may be oxidized up to a point at which it becomes capable of being readily eliminated from the body. This is accomplished most readily by the alkaline salts; the vegetable acids also, which are converted into carbonates for this purpose, have the same action. The alkalies do not act by neutralizing the uric acid, as was at first supposed, but they prevent its formation in excess by oxidizing it up to urea. In this treatment of psoriasis, two or three weeks sometimes pass before any good effect is noticed; then the eruption begins to pale, the formation of scales is checked, and the patient finds himself in an improved general condition, feeling better and stronger than he has done since the appearance of the disease. The spots vanish by fading first at the centre, forming rings which break up, leaving pinkish stains which finally yield. With the entire disappearance of the eruption the patient finds his general health much improved: he has frequently gained weight during the treatment. The vegetable diet has been after a cure maintained to some extent, but not so stringently as during the treatment. If during the treatment a meat diet and the use of alcohol is permitted, the disease is found to retrograde in its progress towards cure. As psoriasis is essentially a chronic affection, a prolonged treatment, sometimes extending over six months, may be required to attain the desired result.—*New York Medical Journal*.

THE USE OF DIGITALIS IN MANIACAL EXCITEMENT (by W. Julius Mickle, M.D., Medical Superintendent Grove Hall Asylum, Bow).—The use of digitalis in various forms of insanity has been advocated by various writers, but there is still a great difference in opinion as to its efficacy, as to the appropriate method of administration, and as to the size of the dose, the same preparation being given by different physicians in doses ranging from ten minims up to half an ounce. In none of the cases treated by digitalis were other means of treatment neglected; the general treatment was the same adopted in other cases suffering from similar attacks; out-door exercise and full diet were freely allowed, and means employed to avoid irritation and to distract the mind from morbid objects of attention. In a majority of cases the use of the drug had but little reference to their cure, but was employed for the mitigation of distressing, exhausting, or dangerous symptoms of chronic and often incurable affections. The preparation usually was the tinct. digitalis (B. P.), and the average dose was thirty minims three times a day. Many of the cases thus treated were those of chronic mania in which there occurred exacerbations of excitement, in which the patients became agitated, noisy, and violent, enraged by delusions and vivid hallucinations.

The benefit derived from the digitalis, as well as the length of time during which the administration was continued, varied greatly in different cases. In the case of maniacs in whom the paroxysmal excitement recurred at short intervals, the administration was often prolonged; in those in whom the recurrence was at longer intervals, there was no reason for prolonging the use of the drug after the cessation of the paroxysm. In others of the cases subjected to this treatment, the excitement was more diffused and uniform, the exacerbations being very moderate in degree, thus offering a contrast to the patients of the first-mentioned class. The symptoms of excitement arising in the course of general paralysis were also treated with the tincture of digitalis in the same doses.

Some of the cases are excluded from the tabulated

report, owing to incompleteness of the records of the cases; but there remains a list of forty-one patients to whom this treatment was applied on sixty-six separate occasions, of whose cases full records have been kept. Out of these forty-one patients twenty-five are recorded as cases of chronic mania, and the digitalis treatment was made use of forty-four times. These twenty-five cases can be subdivided into two classes: 1, those cases in which the excitement was paroxysmal, and 2, those in which the excitement was subcontinuous or continuous. In tabulating the results of this treatment in these two classes it is seen that there is a marked difference; those patients suffering from chronic mania with paroxysmal excitement having been benefited in a much more marked degree than those belonging to the other class. Various forms of maniacal excitement in general paralytics were also alleviated, and acute or subacute mania, and chronic mania with nearly continual excitement, were usually moderated thereby. In some cases in which digitalis had been used for a time and then omitted, it was noticed that the later course of the affection was milder, as if the period of quietude enforced by the drug had permitted a recuperation of the nervous power. The effect of the administration of digitalis upon the pulse was also carefully studied and recorded, and it was found that in those cases in which the drug had the effect of calming the excitement the high pulse attending the paroxysm was also brought down. In one case the pulse sank from one hundred and thirty-five to ninety on three successive days upon which the use of digitalis was pushed. In subcontinuous maniacal excitement the pulse is occasionally very high, usually moderately high, and not unfrequently low; but, whatever the frequency was, it was found that the usual tendency of digitalis was to reduce it; but still it was not found that the pulse was invariably retarded in every case.

Dr. Mickle considers from his observations that in the cases benefited by digitalis the maniacal symptoms were associated with disorder of the cerebral circulation, and that the drug exercised its beneficial action either by giving time to the heart's action, thus enabling it to overcome the tendency to local congestion, or by acting more directly on the peripheral arterioles, and thus immediately influencing the cerebral circulation. In a few cases in which no calmative influence was noticed until foxglove had been given till vomiting had been induced, the pulse was as a rule much diminished in frequency; but in some patients in whom during excitement the pulse rose very high, it was lowered but slightly even when emesis came on. In every case in which vomiting was caused, the excitement was diminished; but in some of the cases the effect was of but temporary duration. In most of the patients no gastric disturbance occurred; several even gained considerably in weight while under treatment. Comparatively small doses were found to exert an effect different from that of larger ones, and to produce or tend to a calmative and tonic influence in both cerebral and cardiac agitation. Any unpleasant gastric symptom was interpreted as a sign that beneficial effect was being replaced by detrimental action, and that total or partial omission of the treatment was authorized. Any marked alteration of cardiac rhythm or sounds supervening while digitalis was being taken was felt to justify immediate cessation of its use; but cardiac contra-indications were extremely rare.—*Journal of Mental Sciences*, July, 1873.

CHLORAL IN PERTUSSIS (by P. Brynberg Porter, M.D.: *New York Med. Journal*).—In a former paper, Dr. Porter stated that the administration of this drug had not failed in a single case of whooping-cough to produce some alleviation of the symptoms. Since the publication of his former article, he has used chloral

very extensively in this affection, and, though deeming it a most efficient remedy in a majority of cases, has found that it does not accomplish quite all that he anticipated from it. Possibly this may be due to a difference in the type of the epidemic, which according to his observation has been of much greater severity than that of last year. He has not lost a case while pursuing chloral treatment; and even those cases which seemed little affected by the drug may have been to some extent held in check by its administration.

THE SOLVENT ACTION OF THE PAPAYA JUICE ON THE NITROGENOUS ARTICLES OF FOOD.—Assistant-Surgeon Gopal Chunder Roy has written an interesting paper on this subject in the *Calcutta Journal of Medicine*. The power of the papaya-tree and its juice to render meat tender is a popular belief in India. Dr. Roy's experiments confirm the truth of it. They were conducted at Netley under Dr. Parkes's notice, and are detailed at length in the paper referred to. The juice, or a solution of it, undoubtedly softens, digests, or dissolves meat, albumen, and gluten. Dr. Roy compares the action to that of a ferment, and suggests the administration of a few grains of the dried juice after meals in cases of indigestion depending on a deficient secretion of gastric juice.—*Indian Medical Gazette*.

MISCELLANY.

A TRIUMPH OF ART.—Boston stands pre-eminent in the production of exquisite and wonderful optical instruments. Mr. Tolles has just achieved the great result of producing a $\frac{1}{8}$ objective for microscopic uses, a glass of such difficult construction that we believe no optician has ever attempted it before. The power of this objective is such that a *single white blood-corpuscle covers the entire field of vision*. Mr. Tolles has produced two of the finest $\frac{1}{8}$ objectives ever constructed, one of which is in this city, the other is in the hands of a Western gentleman. The angular aperture of one is 120° ; that of the other, and the last constructed, is 165° .

These objectives are of great excellence, and, in the opinion of competent microscopists, far surpass in defining power and clearness of field those of European make.—*Boston Journal of Chemistry*.

PREGNANCY IN THE AGED.—Dr. Meynert has communicated to us the following case which has fallen under his own observation. A lady died at the age of eighty-five, having had four accouchements. The first took place at the age of forty, the second at forty-eight, the third at fifty-one, and the fourth at fifty-six. Five girls were born, of whom three are still living, the two twins being seventy-seven years old, and the youngest child seventy-one. These three persons, the two eldest of whom have been married and have several children, still enjoy the most excellent health.—*Lyon Médicale*.

A MONSTROUS BLUNDER.—A comical story comes from Paris, the authority being a correspondent of the *Pall-Mall Gazette*. The Shah of Persia, when in Paris, went to the Jardin des Plantes, and was very much pleased with what he saw there, and with the courtesy of the directors; so much so, indeed, that he made

notes of the names of the men of science, with the view of "remembering" them, in the sense in which people who hope to get something ask to be "remembered." The other day his Majesty's compliments arrived, in the shape of "lions" and "suns," and other "orders," which count for a good deal in Persia. Unhappily, the Persian monarch somewhat dashed the pleasure of the "decorated" men of science by an awkward accident. He had noted down the names of MM. Geoffroy St.-Hilaire, Milne-Edwards, and other savants; but in company with them he had also written the names of some of the "extinct animals" whose relics are preserved in the museum; and, unluckily, the two sets of names got mixed up together. So it happened that when the men of science received Persian decorations, so also did the megatherium, the dinotherium, and other "fearful wild fowl" of the same character.

CONTRIBUTIONS TO A SCALP.—A young lady who had her scalp torn off by an accident in New Haven recently is reported to be doing finely. The *Journal and Courier* says, "The physicians have found thirteen persons willing to part with a small piece of their cuticle, and the medical gentlemen have placed the contributions on the head of the patient with gratifying results. As one after another volunteers to let the doctors clip off a piece of skin, the number of those willing to do likewise increases, and it looks as if the girl would have a scalp and a head of hair again. The younger physician attending first set the laudable example."

A RECENT homœopathic writer gives two hundred and eight symptoms as furnishing separate indications for treatment in cerebro-spinal meningitis; and for each of these symptoms he enumerates from one to nine appropriate remedies (*similima*).—*North-Western Medical and Surgical Journal*.

THE Italian Senate has adopted the article of the new sanitary regulations which accords a pension to families of physicians who have fallen in the performance of their duties during the prevalence of epidemics.—*Lyon Médicale*, June 22, 1873.—*Clinic*.

GLYCEROLE FOR CHAPPING OF THE SKIN.—

R Oxide of zinc, gr. xx;
Tannic acid, gr. xv;
Glycerin, 3ix;
Tincture of benzoin, 3ss;
Camphor, gr. xv. M.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM SEPTEMBER 2, 1873, TO SEPTEMBER 8, 1873, INCLUSIVE.

KIMBALL, J. P., ASSISTANT-SURGEON.—After completion of duty assigned him in Department S. O. 190, c. s., to report in person at these Headquarters for further orders. S. O. 189, Department of Dakota, August 25, 1873.

YEOMANS, A. A., ASSISTANT-SURGEON.—Ordered to Washington, D.C. S. O. 178, A.G.O., September 6, 1873.